

**Registration form Blagdon Pre-school**

As an early years setting we are required to collect, maintain and share information about your child to ensure the safe and efficient management of the setting and to help ensure the needs of the child are met ( EYFS 2012). All confidential information will be held securely and only available to those who have a right or professional need to see them.

Name of child (in full)\_\_\_\_\_

Date of birth\_\_\_\_\_

Name known as\_\_\_\_\_

**Name of parent/s with whom the child lives**

\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile\_\_\_\_\_

Email address :

If you would like to receive our news and information please" opt in" by ticking the box below.

Yes please email me with news, information and events

No do not email me with news, information and events

Your details will remain on our mailing list until you tell us otherwise. You can opt out at any time by emailing us or in person.

We will not share your email address with any third parties.

**Name of parent with whom the child does not live**

\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address of this parent

\_\_\_\_\_

\_\_\_\_\_

Telephone\_\_\_\_\_ Mobile\_\_\_\_\_

Email address:

If you would like to receive our news and information please" opt in" by ticking the box below.

Yes please email me with news, information and events

No do not email me with news, information and events

Your details will remain on our mailing list until you tell us otherwise. You can opt out at any time by emailing us or in person.

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Does this parent have legal access to the child? Yes/No (delete)

**Emergency contact details**

Parent 1 - Work/daytime contact number \_\_\_\_\_

Mobile \_\_\_\_\_

Parent 2 - Work/daytime contact number \_\_\_\_\_

Mobile \_\_\_\_\_

Emergency contact when **parent** is unavailable ( please ensure that you have asked their permission)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Persons authorised to collect the child**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

We operate a password system for the collection of your child; please give the password you would like to use

\_\_\_\_\_

Details of anyone who is not to collect your child

**Personal details of child**

Does your child have any special dietary needs or preferences? Yes/No (delete)

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Does your child have any health needs or preferences? Yes/No (delete)

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How would you describe your child's ethnicity or cultural background?

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Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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What language(s) is/ are spoken at home \_\_\_\_\_

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in \_\_\_\_\_

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Does your child have any specific needs or disability? Yes/No (delete)

Details \_\_\_\_\_

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Is your child on any long term prescribed medication? Yes/ No (delete)

If yes please discuss with Pre-school leader their individual health care plan. Please ensure you inform us any changes immediately.

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What special support will he/she require in our setting?

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What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when \_\_\_\_\_

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**Names of professionals involved with child**

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have a health visitor? Yes/No (delete)

Name \_\_\_\_\_ Based at \_\_\_\_\_

Telephone \_\_\_\_\_

Has your family ever had involvement with social services/care worker for any reason? Yes/No (delete)

Name \_\_\_\_\_ Based at: \_\_\_\_\_

Telephone \_\_\_\_\_

What is the reason for the involvement of social care department with your family?

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Has this child previously been in care or adopted Yes/No

**Doctor**

Name of doctor

Address

Telephone number

**Other settings your child attends**

Please give details of any other setting /childminder that your child attends:

Days attends:

Name of key person:

Does your child attend any children center activities/session Yes/ No (delete)

If so please give details:

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## Fees, funding and deposits

Have you been made aware of the government scheme for two year old funding? Yes/No (delete as applicable)

If no, please talk to your key person/manager for more details.

If yes, have you contacted the Family information service to check your eligibility for this funding?

Yes/No (delete as applicable)

If no, please talk to your key person/manager who will provide you with information about this.

Are you aware if your child is/would be eligible for Early year's pupil premium and the benefits of this?

Yes/No (delete as applicable)

Please discuss this with your key worker/ manager.

National Insurance number of parent

1.....

National insurance number of parent

2.....

*\*Please only provide national insurance number/s for parent/s who live with the child.*

*\*This information will be used for the sole purpose of checking eligibility for Two year old funding/Early year's pupil premium. It will be kept securely within your child's file.*

### 3 and 4 year old funding

Are you aware of the government funding for 3 and 4 year olds? All 3 and 4 year old children are entitled to 15 hours of nursery education from the term following their 3<sup>rd</sup> birthday. Some children are also entitled to an additional 15 hours of nursery education. (Please refer to enclosed information sheet).

In addition the government also offers tax free childcare as a means of payment.

For more information and application date and procedures please speak to preschool staff.

### FEES

Children 3 years and over £6.00 per hour

Children 2 years to 3 years £6.75 per hour

Fees do not include extra activities e.g. music sessions, trips or visits. These will be charged as extras.

Ad hoc sessions may be booked and will be charged at your child's hourly rate. As the preschool is open 39 weeks per year and government funding covers 38 weeks you will be charged accordingly to cover the extra sessions attended.

### Other charges

Lunch hour is "non funded" 11.30-12.30pm and there is a charge of £6.00 for 3-4 year old should your child attend for lunch.

Snacks are charged at 60p per session attended e.g.

8.30 – 11.30 = 1 session

12.30 – 3.30 = 1 session

### DEPOSIT

A deposit is required, this will be returned when your child leaves if all Terms & Conditions are met.

Refundable Deposit of £155.00

BACS Bank account details

Santander

Account number: 76973909

sort code: 09-01-52

It is a requirement of the Early Years Foundation stage that settings share information about a child. This is to enable us to work together for the benefit of your child's development. Please find attached a summary of our information sharing policy. (a full copy can be found in the policies folder in the Pre-school cloak room.)

\*I/we confirm that we have read and understood the attached summary of the pre school's information sharing policy. Yes /No

\*I/we give permission for information concerning my child to be shared between settings and agencies as appropriate. Yes / No

We sometimes take the children out within the village as a part of the daily activities of the setting. We do this to support their knowledge of the environment they live in. eg The Orchard to collect apples to then cook.

\*I /we give consent for my child to be taken out within Blagdon village. Further consent will be requested for major outings. Yes /No

\*I/ we give consent for the use of photography and video recordings to be used as part of ongoing development observations by pre-school staff. Yes/No

\*I/ we also understand that my child's photograph may be included in another child's learning diary as part of an observation and I /we give consent for this. Yes/No

\*I/we give consent to our child's photograph being included on the pre-school web site. Yes/No

\*I/we give consent for our child's photograph to be used in promotional materials including the local newspaper. Yes/ No

\*I/we have read, understood and will abide by the rules as set in the attached photographs and videos of children policy Yes /No

\*I/ we give consent for the staff to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I/we have been informed and are way to hospital. Yes/ No

If you wish to "opt out" of any of the above at any time please return the amended form.

Signed by  
Parent 1

Parent 2

We retain all records based on our legal and regulatory requirements.

